

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <u>09/368,542</u>	FILING DATE <u>7-26-99</u>				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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TOTAL IND.	4				3		TOTAL IND.				
TOTAL DEP.	51				47		TOTAL DEP.				
TOTAL CLAIMS	55				50		TOTAL CLAIMS				